

is necessarily performed quite differently from what it was under normal conditions. The German physician is not ignorant of these conditions, and naturally has very definite ideas as to the cause of the great change. The object of this letter, however, is not concerned with the cause. It is simply to remind the American physician who contemplates postgraduate work in Europe that we have been at war with Germany and that this fact is still fresh in the minds of the German physicians.

The postgraduate schools of France, Belgium and England are too well known in America for any comment in this letter. However, it seems that there are some advantages in the London school which are lacking in other places. There is a distinct effort in London to arrange the work in each hospital in such order as to time and place that will enable one to devote the maximum time to his special line. For example, in dermatology one is able to devote virtually the whole day to clinical demonstrations. The courses are outlined in a bulletin that is issued each week by the Fellowship of Medicine and Post-Graduate Medical Association which includes the work at the different hospitals and medical schools, such as clinical instruction in wards and outpatient departments, clinical lectures and demonstrations, afternoon demonstrations, laboratory work, etc. All of this work is open to the members of the postgraduate school for the nominal sum of £4 a month.

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Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted on request.

BIOGRAPHIES OF PHYSICIANS NOMINATED FOR THE HALL OF FAME

To the Editor:—Please give a brief biographic sketch of the following physicians and surgeons, whose names have been placed in nomination for the American Hall of Fame: (1) Frank Abbott; (2) William Tillinghast Bull; (3) John Murray Carnochan; (4) Charles T. Jackson; (5) William Shippen, Jr., and (6) Lyman Spalding. Please omit my name.

J. C. T.

1. Frank Abbott is not found in any available list of prominent physicians. There was a practitioner of dentistry of that name, author of a work on "Dental Pathology and Practice," Philadelphia, 1896.

2. William Tillinghast Bull (1849-1909) was an eminent surgeon of New York, professor of practice of surgery and clinical surgery at the College of Physicians and Surgeons, New York, and is credited with an early successful laparotomy for multiple gunshot wounds of the intestine.

3. John Murray Carnochan (1817-1887) was a pioneer American surgeon, and is credited with the early performance of several daring operations. He successfully ligated the femoral artery just below the deep femoral in 1851, was the first in America to excise the entire lower jaw at one operation (1851); to excise the ulna (1853), the radius (1854) and the calcaneum (1857); to excise the superior maxillary nerve, including Meckel's ganglion, for facial neuralgia (Carnochan's operation, 1856), and to ligate the carotid artery on both sides (1867).

4. Charles T. Jackson (1805-1880) was one of the principal figures in the anesthesia controversy. In 1835, he opened the first laboratory for the teaching of analytic chemistry in the United States at Boston, and was the first to direct attention to the mineral resources of the southern shore of Lake Superior. After the successful introduction of ether anesthesia, Jackson claimed that he suggested the use of sulphuric ether to Morton, and his contentions to the right of discovery were recognized by a considerable number of followers here and abroad.

5. William Shippen, Jr. (1736-1808), of Philadelphia, established the first systematic course in anatomy and obstetrics in

the United States (privately in 1762), and was professor of anatomy and surgery in the medical department of the College of Philadelphia, the first medical school in the United States, organized by John Morgan in 1765. He succeeded John Morgan as director-general of the military hospitals and physician-in-chief of the American Army (1777), and was one of the founders of the Philadelphia College of Physicians.

6. Lyman Spalding (1775-1821) is best known as the originator of the United States Pharmacopeia (1820), the detailed plan for which he submitted to the Medical Society of the County of New York in 1817. He assisted Nathan Smith in the foundation of the Dartmouth Medical College (1797), was a pioneer in testing publicly the efficacy of vaccination against smallpox (1801), and was a distinguished lecturer on anatomy.

TECHNIC OF WASSERMANN TEST

To the Editor:—I understand that there has been a new method perfected for making the Wassermann test without the use of fresh sheep's blood. I am trying to establish a laboratory in connection with my office and for some cases in a near-by hospital. My chief difficulty has been that in supplying the great demand for the Wassermann test in this vicinity, I am unable to procure sheep's blood or the use of guinea-pigs. It has been my impression that this new Wassermann test appeared in one of the recent numbers of THE JOURNAL, but I have been unable to find the article. If you know of this method and feel that it is equally reliable, if more simple than the older methods, may I not ask you to assist me in obtaining the information I desire?

HENRY B. DORR, M.D., Ocean Grove, N. J.

ANSWER.—In the performance of the original Wassermann test the use of fresh or of well preserved sheep's blood is essential. However, some years ago, Noguchi (*J. Exper. Med.* 11:392, 1909) introduced a human hemolytic system to replace the sheep hemolytic system of the original Wassermann test, using as the cells to be hemolyzed a suspension of human blood cells but employing guinea-pig serum as complement. More recently he (*J. Exper. Med.* 28:43 [July] 1918) has brought out a complete homohemolytic system for the test using human serum as complement instead of the guinea-pig serum employed in all other modifications as complement. This modification eliminates the foreign complement and corpuscles from the test for the serodiagnosis of syphilis, utilizing fresh human serum for the source of complement for the production of hemolysis on the human corpuscles in the presence of an adequate amount of the specific antihuman amboceptor. Full details of this test are outlined in the article mentioned above. The results obtained with this modification seem satisfactory and apparently as reliable as those obtained with other modifications of the original technic.

SILVER SODIUM SALVARSAN

To the Editor:—Please let me have information on silver sodium salvarsan, especially as regards its curative powers, compared to other arsenic compounds, dosage, preparation and strength of solutions, reactions, contraindications, etc., and also whether it is better to combine it with mercurial treatment. Please omit my name.

Dr. J. C. R., Mexico, D. F.

ANSWER.—Ehrlich and his co-workers experimented with the possibility of combining arsphenamin with other metals; they succeeded in making "copper-arsphenamin." A recent development along the same lines is "silver salvarsan." According to a recent report of the Medical Research Committee of Great Britain, "silver salvarsan" is apparently a similar molecular combination of "606" with silver in some form, though no details are available as to its exact formula. According to Kolle, Ehrlich's successor at Frankfurt, the ratio of the dose which apparently cures experimental syphilis in rabbits to the maximum dose tolerated by the animal is 1:40, as compared with 1:10 in the case of "606." The substance is on trial and its promiscuous use at this time would be ill advised. In the United States no license has been granted by the Treasury Department for "silver salvarsan" and it cannot be sold in interstate commerce. Recent abstracts on the subject that have appeared in THE JOURNAL are:

Rille and Frühwald: Silver Salvarsan Sodium in the Treatment of Syphilis, *München. med. Wchnschr.* 66: 1226 (Oct. 24) 1919; abstr. THE JOURNAL, Feb. 21, 1920, p. 568.
Nägeli, O.: Silver Sodium Salvarsan, *Schweiz. med. Wchnschr.* 50: 161 (Feb. 26) 1920; abstr. THE JOURNAL, May 1, 1920, p. 1239.
Kolle, Schlossberger and Leupold: Means to Ward Off Acute Effects of Arsphenamin, *Med. Klin.* 16: 355 (April 4) 1920; abstr. THE JOURNAL, July 10, 1920, p. 139.